

UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH DAKOTA  
\_\_\_\_\_ DIVISION

Hector L. Segura

(Enter the full name of the Plaintiff[s] in this action)

vs.

BUFF BELL FOUCHE IRRIGATION  
DEPARTMENT

(Enter the full name of ALL Defendant[s] in this action. Fed. R. Civ. P. 10(a) requires that the caption of the complaint include the names of all the parties. Merely listing one party and "et al." is insufficient. Please attach additional sheets if necessary.)

Case No. 5:22-cv-5026  
(To be assigned by  
Clerk of District Court)

COMPLAINT

I. State the grounds for filing this case in Federal Court (include federal statutes and/or U.S. Constitution provisions, if you know them. Fed. R. Civ. P. 8(a)(1) requires a short and plain statement of the grounds for the court's jurisdiction.):

TITLE ONE OF THE AMERICANS WITH DISABILITIES  
(ADA) AND THE UNIFORMED SERVICES EMPLOYMENT  
AND REEMPLOYMENT RIGHTS ACT (USERA) (USERRA)

II. Plaintiff, Hector L. SEGURA resides at

13213 HOPE RD

(street address)

NEWELL BUTTE,

(city)

(county)

SD

57760, 605-892-5588

(state)

(zip)

(telephone number)

(If more than one plaintiff, provide the same information for each plaintiff below)

---

---

---

---

---

---

---

---

---

IRRIGATION

III. Defendant, BELLFOUCHIE TREE resides at, or its business is located at

(street address)

BELLFOUCHIE, \_\_\_\_\_,

(city)

(county)

SD,

, \_\_\_\_\_,

(state) (zip) (telephone number)

(If more than one defendant, provide the same information for each defendant below)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

IV. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):

I WAS REFUSED WATER SO THAT I COULD WORK AFTER IT WAS PAID FOR BY ME.

I WAS TOLD I USED ALL OF MY ACRE OF SIX FEET OF WATER, WHICH IS IMPOSSIBLE, AND THEY SAID IT WAS A DROUGHT NOT IN A IRRIGATED AREA.

ONE INCH OF WATER COVERS  
IT TAKES 27,154 GALLONS OF WATER TO IRRIGATE  
ONE ACRE OF LAND WITH A INCH OF WATER  
SO THEREFORE SIX FEET OF WATER TIMES 27,154  
EQUALS 1,955,088 GALLONS PER ACRE SO THE  
TOTAL FOR MY 33 ACRES IRRIGATE IS 65,517,904  
GALLONS DISTRIBUTED IN THREE DAYS ONE IRRIGATION

MY HOUSE IS AT THE BOTTOM OF THE CULVERS  
IF SUCH WATER CAME OUT MY HOUSE WOULD BE  
UNDER WATER, AND MY LAND AND CROPS WOULD  
BE RUINED. THE REASON WAS I HAD A HISTORY  
WITH THE DITCH RIDER AND THEY HATE VETS.

V. Relief (State briefly and exactly what you want the Court to do for you.)

PAY FOR MY DAMAGES AND LOSS OF CROP DUE TO  
NO WATER, AND DAMAGES FOR DISCRIMINATING  
AS DISABLED VET. ACCORDING TO (ADA) AND  
(VSLRA)

VI. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES [X]

NO [ ]

B) If your answer to "A" is YES, state below the amount claimed and the reason[s] you believe you are entitled to recover such monetary damages:

8000.00 For loss of crops and Ad to 65y  
20,00. For DISCRIMINAT. or AGAINST A VETERAN  
COURTCOSTS, DISAGIED VETERAN.

VII. Do you maintain that the wrongs alleged in the complaint are continuing to occur at the present time?

YES [X]

NO [ ]

VIII. Are you requesting a Jury Trial?

YES [ ]

NO [X]

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 3 day of 21, 2022

Hector ff  
13213 HOPE RD  
NEWELL 5/10 57760

Signature of Plaintiff[s]

JS 44 (Rev. 06/17)

## **CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<b>I. (a) PLAINTIFFS</b>		<b>DEFENDANTS</b>	
<b>(b) County of Residence of First Listed Plaintiff</b> <u>BUTTE</u> <small>(EXCEPT IN U.S. PLAINTIFF CASES)</small>		County of Residence of First Listed Defendant <u>BUTTE</u> <small>(IN U.S. PLAINTIFF CASES ONLY)</small> NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.	
<b>(c) Attorneys (Firm Name, Address, and Telephone Number)</b>		Attorneys (If Known)	
<b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)		<b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)	
<input checked="" type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question <small>(U.S. Government Not a Party)</small>	<b>PTF</b> Citizen of This State	<b>DEF</b> <input type="checkbox"/> 1 <input type="checkbox"/> 1 Incorporated or Principal Place of Business In This State
<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity <small>(Indicate Citizenship of Parties in Item III)</small>	Citizen of Another State	<input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State
		Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3 <input type="checkbox"/> 3 Foreign Nation
<b>IV. NATURE OF SUIT</b> (Place an "X" in One Box Only)		Click here for: Nature of Suit Code Descriptions.	
<b>CONTRACT</b>		<b>TORTS</b>	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise		<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	
<b>REAL PROPERTY</b>		<b>CIVIL RIGHTS</b>	
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property		<b>PRISONER PETITIONS</b>	
<b>PRISONER PETITIONS</b>		<b>FORFEITURE/PENALTY</b>	
<input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input checked="" type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education		<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	
<b>PRISONER PETITIONS</b>		<b>FORFEITURE/PENALTY</b>	
<b>PRISONER PETITIONS</b>		<b>BANKRUPTCY</b>	
<b>PRISONER PETITIONS</b>		<b>OTHER STATUTES</b>	
<b>PRISONER PETITIONS</b>		<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	
<b>PRISONER PETITIONS</b>		<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157	
<b>PRISONER PETITIONS</b>		<b>PROPERTY RIGHTS</b>	
<b>PRISONER PETITIONS</b>		<input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark	
<b>PRISONER PETITIONS</b>		<b>LABOR</b>	
<b>PRISONER PETITIONS</b>		<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	
<b>PRISONER PETITIONS</b>		<b>SOCIAL SECURITY</b>	
<b>PRISONER PETITIONS</b>		<input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	
<b>PRISONER PETITIONS</b>		<b>FEDERAL TAX SUITS</b>	
<b>PRISONER PETITIONS</b>		<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	
<b>PRISONER PETITIONS</b>		<b>IMMIGRATION</b>	
<b>PRISONER PETITIONS</b>		<input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	
<b>V. ORIGIN</b> (Place an "X" in One Box Only)		Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):	
<b>VI. CAUSE OF ACTION</b>		Brief description of cause:	
<b>VII. REQUESTED IN COMPLAINT:</b>		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.	<b>DEMAND \$</b>
<b>VIII. RELATED CASE(S) IF ANY</b>		(See instructions): JUDGE DOCKET NUMBER	
DATE		SIGNATURE OF ATTORNEY OF RECORD	
<b>FOR OFFICE USE ONLY</b>			
RECEIPT # _____		AMOUNT _____	
APPLYING IFP _____		JUDGE _____	
_____		MAG. JUDGE _____	